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Bib Data Sheet

CONFIRMATION NO. 3849

SERIAL NUMBER 10/674,562	FILING OR 371(c) DATE 09/30/2003 RULE	CLASS 379	GROUP ART UNIT 2614	ATTORNEY DOCKET NO. 3655/0303PUS1
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** CONTINUING DATA

***** none *W*

** FOREIGN APPLICATIONS

***** none *W*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/20/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 1	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>W</i>	Initials <i>X</i>		

ADDRESS

47827

TITLE

Estimation of expected value for remaining work time for contact center agents

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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